

**Section 400 Students**  
**Series 410 Student Policies-Goals**  
**Form 411.2F1 Discrimination Complaint Form**

Discrimination Complaint Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (School or work location)

Status of person filing complaint: \_\_\_ Student \_\_\_ Employee \_\_\_ Parent \_\_\_ Other

Filing complaint alleging discrimination on the basis of: \_\_\_\_\_

Statement of complaint (include type of discrimination charged and the specific incident(s) in which it occurred): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of complainant: \_\_\_\_\_

Date complaint filed: \_\_\_\_\_

Signature of person receiving complaint: \_\_\_\_\_

Date received: \_\_\_\_\_

Submit all copies as follows: \_\_\_ Immediate Supervisor; \_\_\_ District Administrator; \_\_\_ Board President

**Legal Reference: Wisc. Stats. 118.13; Fed Title VI; Title IX; Sec. 504; Wisc Admin Code PI 9.03;**

**Cross Reference: 411; 411.9; 411.2P;411.2F2**

**Approved: November 11, 1991**

**Reviewed: December 19, 1994; October 2003; 2004**